

WRITE IN INK ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 209
County Registrar No. 901
Local Registrar No. _____

No. 1023 Sullivan
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____

2. Full name of child Marcella Gomez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Oct. 30, 1926
Month Day Year

8. FATHER
Full name Luciano Gomez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Guadalajara
(State or country) Mex.

13. Occupation
Nature of Industry Miner

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 2
(c) Stillborn _____

14. MOTHER
Full maiden name Refugio Liza
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Coahuila
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 3:30 p.m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown M. D.
Address Miami, Arizona (Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Filed Nov 4, 1926 Le E. Don
Local Registrar.

Registrar _____
Filed _____, 19____
County Registrar.

479-1030-931